

**Purpose** The School Sleep Habits Survey is an eight-page, 63-item questionnaire designed to assess the sleep/wake habits and typical daytime functioning of high school students. As a thorough method for data collection, the survey allows researchers and clinicians alike to gather valuable demographic and behavioral information, including: sleep schedule regularity, school performance, daytime sleepiness, behavior problems, depressive mood, and bed times, rise times, and total sleep times for both weeknights and weekends [1].

**Population for Testing** The survey was originally administered to 3,000 high school students, grades 9–12.

**Administration** Requiring approximately 20 min for completion, the scale is a self-report, paper-and-pencil measure.

**Reliability and Validity** As a general survey designed for data collection and not diagnostic or evaluative purposes, the scale's psychometric properties have been analyzed only minimally. In a study by Carskadon and colleagues [2], researchers evaluated three of the survey's subscales. The sleepiness scale was found to have an internal consistency of .70, the sleep/wake problem behaviors scale had an internal consistency of .75, and the depressive mood scale had an internal consistency of .79 – a finding in line with the results of a previous study conducted by the subscale's original developers [3].

**Obtaining a Copy** The scale is available online from the Sleep for Science Sleep Research Lab: <http://www.sleepforscience.org/contentmgr/showdetails.php/id/93>.

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**Scoring** In addition to collecting demographic information, the survey queries respondents about their sleeping and waking behaviors over the course of the previous 2 weeks. Each section of the survey employs a different response method. The section relating to sleepiness asks respondents to indicate whether or not they had struggled to remain awake in 10 different situations on a scale ranging from 1 (“no”) to 4 (“both struggled to stay awake and fallen asleep”). Total scores on this scale can range from 10 to 40, with higher scores indicating greater sleepiness. The sleep/wake problem behaviors scale queries the frequency of 10 different behaviors using a scale that ranges from 5 (“everyday”) to 1 (“never”), with possible total scores ranging from 10 to 50. Finally, the depressive mood scale consists of six items, with a response scale ranging from 1 (“not at all”) to 3 (“somewhat too much”). Higher scores on this scale indicate more acute depressive symptoms. These subscales may be used separately to aid in diagnosis or they can be considered in relation to other survey information collected.



# School Sleep Habits Survey



## INSTRUCTIONS

Please answer the questions on the following pages as accurately and honestly as you can. There are no right or wrong answers.

- When you mark a response, please be sure to mark it neatly.
- Darken the bubbles as completely as possible using a pencil.
- Avoid stray marks and treat forms gently.
- Do not spend too much time on any one answer. Your first impression is usually best.
- Answer each question in the order that it appears. Do not go back and check your answers.
- Place an X beside any item that YOU DO NOT UNDERSTAND or that DOES NOT APPLY TO YOU or for which you CANNOT GIVE A TRUTHFUL ANSWER.
- Be sure to complete BOTH SIDES of every page.

1. Today's Date:

Month	Day	Year
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	<input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0
<input type="radio"/> April	<input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1	<input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1
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<input type="radio"/> June	<input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3	<input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3
<input type="radio"/> July	<input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4	<input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4
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<input type="radio"/> Oct	<input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7	<input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7
<input type="radio"/> Nov	<input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8	<input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8
<input type="radio"/> Dec	<input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9	<input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9

2. Birth Date:

Month	Day	Year
<input type="radio"/> Jan		
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<input type="radio"/> Mar	<input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0
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<input type="radio"/> Dec	<input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9	<input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9

7. What is your age in years?

- |                          |                          |
|--------------------------|--------------------------|
| <input type="radio"/> 9  | <input type="radio"/> 15 |
| <input type="radio"/> 10 | <input type="radio"/> 16 |
| <input type="radio"/> 11 | <input type="radio"/> 17 |
| <input type="radio"/> 12 | <input type="radio"/> 18 |
| <input type="radio"/> 13 | <input type="radio"/> 19 |
| <input type="radio"/> 14 |                          |

8. What grade are you in?

- |                         |                         |                          |
|-------------------------|-------------------------|--------------------------|
| <input type="radio"/> 4 | <input type="radio"/> 7 | <input type="radio"/> 10 |
| <input type="radio"/> 5 | <input type="radio"/> 8 | <input type="radio"/> 11 |
| <input type="radio"/> 6 | <input type="radio"/> 9 | <input type="radio"/> 12 |

3. What time is it now? \_\_\_\_\_

- ☐ A.M.  
☐ P.M.

4. What is your sex?

- ☐ Male  
☐ Female

5. What is your height? \_\_\_\_\_ feet \_\_\_\_\_ inches

6. What is your weight? \_\_\_\_\_ pounds

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3	5	6
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**9. What best describes your racial/ethnic background?**

- ☐ White/Caucasian  
☐ Black/African American  
☐ Hispanic/Latino  
☐ Asian/Asian American  
☐ Native American/Amerindian  
☐ Multiracial (please specify) \_\_\_\_\_  
☐ Other (please specify) \_\_\_\_\_

**10. In the last two weeks, have you slept in the same bed?**

- ☐ Every night  
☐ Almost every night  
☐ A few nights  
☐ Not at all

**11. Who lives in your home other than you? Please indicate yes or no for every category below:**

	Yes	No
Mother/step-mother .....	<input type="radio"/>	<input type="radio"/>
Father/step-father .....	<input type="radio"/>	<input type="radio"/>
Older brother(s)/sister(s) .....	<input type="radio"/>	<input type="radio"/>
Younger brother(s)/sister(s) .....	<input type="radio"/>	<input type="radio"/>
Other family member(s) .....	<input type="radio"/>	<input type="radio"/>

**12. Does your mother work outside of the home?**

- ☐ Yes  
☐ No

If yes, mark each label that best describes her work:

- ☐ Day shift                      ☐ Full time  
☐ Evening shift                  ☐ Part time  
☐ Night shift (graveyard)      ☐ One job  
☐ Changing shifts                ☐ More than one job

**13. Does your father work outside of the home?**

- ☐ Yes  
☐ No

If yes, mark each label that best describes his work:

- ☐ Day shift                      ☐ Full time  
☐ Evening shift                  ☐ Part time  
☐ Night shift (graveyard)      ☐ One job  
☐ Changing shifts                ☐ More than one job

**14. Are your grades in school mostly?:**

- ☐ A's                                  ☐ C's  
☐ A's and B's                      ☐ C's and D's  
☐ B's                                  ☐ D's  
☐ B's and C's                      ☐ D's and F's

**15. What is the highest grade in school you expect to complete? (mark one)**

- ☐ May not finish high school  
☐ Will finish high school  
☐ Will get a college degree  
☐ Will get a degree beyond college

**16. Do you have any disabilities or chronic illnesses (for example, asthma, diabetes, deafness, loss of the use of a limb, etc.)?**

- ☐ Yes  
☐ No

If yes, please specify: \_\_\_\_\_

**17. Compared to other people your age, would you say that your health is:**

- ☐ Poor  
☐ Fair  
☐ Good  
☐ Excellent

**18. Do you have attention deficit hyperactivity disorder (ADHD) or a learning disability?**

- ☐ Yes  
☐ No

**19. Do you take Ritalin or some other medication to help with concentration or a learning problem?**

- ☐ Yes  
☐ No

**20. Do you have an individualized education program or receive special help for difficulties with school work?**

- ☐ Yes  
☐ No

**21. During the last two weeks, how many days did you stay home from school because you were:**

- a. sick?                                  0 1 2 3 4 5 6 7 8 9 10  
 b. other?                                0 1 2 3 4 5 6 7 8 9 10

Why did you stay home from school?

FOR OFFICE USE ONLY	21
	0 0
	1 1
	2 2
	3 3
	4 4
	5 5
	6 6
7 7	
8 8	
9 9	

ID NUMBER			
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3	3	3	3
4	4	4	4
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There are no right or wrong answers. Be careful to choose the **one** answer that **best** describes the way your sleep has been in the last two school weeks (unless otherwise instructed).

The next set of questions has to do with your usual schedule on days when you have school.

22. What time do you usually go to bed on school days?

List ONE time, not a range.

- ☐ A.M.  
☐ P.M.

\_\_\_\_\_

23. There are many reasons for doing things at one time or another. What is the main reason you usually go to bed at this time on school days? (mark one)

- ☐ My parents have set my bedtime  
☐ I feel sleepy  
☐ I finish my homework  
☐ My TV shows are over  
☐ My brother(s) or sister(s) go to bed  
☐ I finish socializing  
☐ I get home from my job  
☐ Other: \_\_\_\_\_

24. What time do you usually wake up on school days?

- ☐ A.M.  
☐ P.M.

\_\_\_\_\_

25. What is the main reason you usually wake up at this time on school days? (choose one)

- ☐ Noises or my pet wakes me up  
☐ My alarm clock wakes me up  
☐ My parents or other family members wake me up  
☐ I need to go to the bathroom  
☐ I don't know, I just wake up  
☐ Other: \_\_\_\_\_

26. What time do you usually leave home on school days?

- ☐ A.M.  
☐ P.M.

\_\_\_\_\_

27. How do you usually get to school?

- ☐ Walk ☐ Get a ride with friend(s)  
☐ Take the bus ☐ Drive my car  
☐ Get a ride with parent

28. Figure out how long you usually sleep on a normal school night and fill it in here. [Do not include time you spend awake in bed. Remember to mark hours and minutes, even if minutes are zero.]

\_\_\_\_\_ hours \_\_\_\_\_ minutes

29. On school days, after you go to bed at night, about how long does it usually take you to fall asleep?

\_\_\_\_\_ minutes

The next set of questions has to do with your usual schedule on days when you do not have school, such as on the weekend.

30. What time do you usually go to bed on weekends?

- ☐ A.M.  
☐ P.M.

\_\_\_\_\_

31. There are many reasons for doing things at one time or another. What is the main reason you usually go to bed at this time on weekends? (choose one)

- ☐ My parents have set my bedtime ☐ My brother(s) or sister(s) go to bed then  
☐ I feel sleepy ☐ I finish socializing  
☐ I finish my homework ☐ I get home from my job  
☐ My TV shows are over ☐ Other: \_\_\_\_\_

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22 Hour Min. 24 Hour Min. 26 Hour Min.

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
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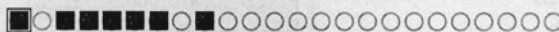
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28 Hour Min. 29 Minutes 30 Hour Min.

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32. What time do you usually wake up on weekends?

\_\_\_\_\_ ☐ A.M.  
☐ P.M.

33. What is the main reason you usually wake up at this time on weekends? (choose one)

- ☐ Noises or my pet wakes me up  
☐ My alarm clock wakes me up  
☐ My parents wake me up  
☐ I need to go to the bathroom  
☐ I don't know, I just wake up  
☐ Other: \_\_\_\_\_

34. Figure out how long you usually sleep on a night when you do not have school the next day (such as a weekend night) and fill it in here. [Do not include time you spend awake in bed. Remember to mark hours and minutes, even if minutes are zero.]

\_\_\_\_\_ hours \_\_\_\_\_ minutes

35. On weekends, after you go to bed at night, about how long does it usually take you to fall asleep?

\_\_\_\_\_ minutes

36. Some people wake up during the night. Others never do. How many times do you usually wake up at night?

- ☐ Never  
☐ Once  
☐ 2 or 3 times  
☐ More than 3 times  
☐ I have no idea

37. People sometimes feel sleepy during the daytime. During your daytime activities, how much of a problem do you have with sleepiness (feeling sleepy, struggling to stay awake)?

- ☐ No problem at all  
☐ A little problem  
☐ More than a little problem  
☐ A big problem  
☐ A very big problem

38. Some people take naps in the daytime every day, others never do. When do you nap? (mark all that apply.)

- ☐ I never nap.  
☐ I sometimes nap on school days.  
☐ I sometimes nap on weekends.  
☐ I never nap unless I am sick.

39. Can you figure out how much sleep you need? Fill out below how much sleep you think you would need each night to feel your best every day. [Remember to mark hours and minutes, even if minutes are zero.]

\_\_\_\_\_ hours \_\_\_\_\_ minutes

40. In general, do you feel you usually get . . .

- ☐ too much sleep?  
☐ enough sleep?  
☐ too little sleep?

41. Do you consider yourself to be . . .

- ☐ a good sleeper?  
☐ a poor sleeper?

42. How often do you think that you get enough sleep?

- ☐ Always  
☐ Usually  
☐ Sometimes  
☐ Rarely  
☐ Never

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32 Hour Min.

0	0	0	0
1	1	1	1
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9	9	9	9

34 Hour Min.

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35 Minutes

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9	9	9

39 Hour Min.

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Questions 43 to 46 are about things that have happened in the last two weeks.

43. During the last two weeks, have you struggled to stay awake (fought sleep) or fallen asleep in the following situations? (Mark one answer for every item.)

Both struggled to stay awake and fallen asleep  
 Fallen asleep  
 Struggled to stay awake  
 No

- in a face-to-face conversation with another person? ..... ☐ ☐ ☐ ☐
- traveling in a bus, train, plane or car? ..... ☐ ☐ ☐ ☐
- attending a performance (movie, concert, play)? ..... ☐ ☐ ☐ ☐
- watching television or listening to the radio or stereo? ..... ☐ ☐ ☐ ☐
- reading, studying or doing homework? ..... ☐ ☐ ☐ ☐
- during a test? ..... ☐ ☐ ☐ ☐
- in a class at school? ..... ☐ ☐ ☐ ☐
- while doing work on a computer or typewriter? ..... ☐ ☐ ☐ ☐
- playing video games? ..... ☐ ☐ ☐ ☐
- driving a car? ..... ☐ ☐ ☐ ☐

Do you drive? ☐ Yes  
☐ No

44. During the last two weeks, how often did you ... (Mark one answer for every item.)

Every day  
 Several times every day  
 Once or twice a day  
 Never

- a. drink soda with caffeine [like Coke, Pepsi; not like root beer, orange soda or Sprite]? ... ☐ ☐ ☐ ☐
  - b. drink coffee or tea with caffeine? ..... ☐ ☐ ☐ ☐
  - c. use tobacco? [cigarettes, cigar, chewing tobacco, etc.]? ..... ☐ ☐ ☐ ☐
  - d. drink alcohol [beer, wine, liquor]? ..... ☐ ☐ ☐ ☐
  - e. use drugs [like marijuana, cocaine]? ..... ☐ ☐ ☐ ☐
- please specify type: \_\_\_\_\_

45. In the last two weeks, how often have you ... (Mark one answer for every item.)

Never  
 Once  
 Twice  
 Several times  
 Everyday/night

- a. felt satisfied with your sleep? ..... ☐ ☐ ☐ ☐
- b. arrived late to class because you overslept? ..... ☐ ☐ ☐ ☐
- c. fallen asleep in a morning class? ..... ☐ ☐ ☐ ☐
- d. fallen asleep in an afternoon class? ..... ☐ ☐ ☐ ☐
- e. awakened too early in the morning and couldn't get back to sleep? ..... ☐ ☐ ☐ ☐
- f. stayed up until at least 3 a.m.? ..... ☐ ☐ ☐ ☐
- g. stayed up all night? ..... ☐ ☐ ☐ ☐
- h. slept in past noon? ..... ☐ ☐ ☐ ☐
- i. felt tired, dragged out, or sleepy during the day? ..... ☐ ☐ ☐ ☐
- j. needed more than one reminder to get up in the morning? ..... ☐ ☐ ☐ ☐
- k. had an extremely hard time falling asleep? ..... ☐ ☐ ☐ ☐
- l. had nightmares or bad dreams during the night? ..... ☐ ☐ ☐ ☐
- m. gone to bed because you just could not stay awake any longer? ..... ☐ ☐ ☐ ☐
- n. done dangerous things without thinking? ..... ☐ ☐ ☐ ☐
- o. had a good night's sleep? ..... ☐ ☐ ☐ ☐

46. During the last two weeks, how often were you bothered or trouble by the following?

Much  
 Somewhat  
 Not at all

- a. Feeling too tired to do things ..... ☐ ☐ ☐
- b. Having trouble going to sleep or staying asleep ..... ☐ ☐ ☐
- c. Feeling unhappy, sad, or depressed ..... ☐ ☐ ☐
- d. Feeling hopeless about the future ..... ☐ ☐ ☐
- e. Feeling nervous or tense ..... ☐ ☐ ☐
- f. Worrying too much about things ..... ☐ ☐ ☐

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8	8	8	8
9	9	9	9

Questions 47 - 56 have to do with how you might organize the timing of various activities if you were free to plan your day according to when you feel your best. Please answer the questions based on your body's "feeling best" times.

47. Imagine: School is cancelled! You can get up whenever you want to. When would you get out of bed? Between:

- ☐ 5:00 and 6:30 a.m.  
☐ 6:30 and 7:45 a.m.  
☐ 7:45 and 9:45 a.m.  
☐ 9:45 and 11:00 a.m.  
☐ 11:00 a.m. and noon

48. Is it easy for you to get up in the morning?

- ☐ No way!  
☐ Sort of.  
☐ Pretty easy.  
☐ It's a cinch!

49. Gym class is set for 7:00 in the morning. How do you think you'll do?

- ☐ My best!  
☐ Okay.  
☐ Worse than usual.  
☐ Awful!

50. The bad news: You have to take a two-hour test. The good news: You can take it when you think you'll do your best. What time is that?

- ☐ 8:00 to 10:00 a.m.  
☐ 11:00 a.m. to 1:00 p.m.  
☐ 3:00 p.m. to 5:00 p.m.  
☐ 7:00 p.m. to 9:00 p.m.

51. When do you have the most energy to do your favorite things?

- ☐ Morning! I am tired in the evening.  
☐ Morning more than evening.  
☐ Evening more than morning.  
☐ Evening! I am tired in the morning.

52. Your parents have decided to let you set your own bed time. What time would you pick? Between:

- ☐ 8:00 and 9:00 p.m.  
☐ 9:00 and 10:15 p.m.  
☐ 10:15 p.m. and 12:30 a.m.  
☐ 12:30 and 1:45 a.m.  
☐ 1:45 and 3:00 a.m.

53. How alert are you in the first half hour you're up?

- ☐ Out of it.  
☐ A little dazed.  
☐ Okay.  
☐ Ready to take on the world.

54. When does your body start to tell you it's time for bed (even if you ignore it)? Between:

- ☐ 8:00 and 9:00 p.m.  
☐ 9:00 and 10:15 p.m.  
☐ 10:15 p.m. and 12:30 a.m.  
☐ 12:30 and 1:45 a.m.  
☐ 1:45 and 3:00 a.m.

55. Say you had to get up at 6:00 a.m. every morning: What would it be like?

- ☐ Awful!  
☐ Not so great.  
☐ Okay (if I have to).  
☐ Fine, no problem!

56. When you wake up in the morning how long does it take for you to be totally "with it"?

- ☐ 0 to 10 minutes  
☐ 11 to 20 minutes  
☐ 21 to 40 minutes  
☐ More than 40 minutes

57. Would you say that your growth in height:

- ☐ Has not begun to spurt ("spurt" means faster growth than usual)  
☐ Has barely started  
☐ Is definitely underway  
☐ Seems complete  
☐ I don't know

58. Would you say that your other signs of physical maturation:

- ☐ Have not yet started to show  
☐ Have barely started to show  
☐ Are definitely underway  
☐ Seem complete  
☐ I don't know

0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9



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## 59. During the last week, did you work at a job for pay?

(If no, skip to number 60.)

☐ Yes ☐ No

What kind of job? \_\_\_\_\_

## How many days did you work at the following times?

in the morning before school ..... 0 1 2 3 4 5

in the afternoon after school ..... 0 1 2 3 4 5

in the evening on days that you have school .. 0 1 2 3 4 5

on the weekend ..... 0 1 2

How many hours did you work at your paying job this week?

during the school week: \_\_\_\_\_ hours

during the weekend: \_\_\_\_\_ hours

## During the last two weeks, have you struggled to stay awake (fought sleep) or fallen asleep at your job?

☐ no ☐ struggled to stay awake  
☐ fallen asleep ☐ both struggled to stay awake and fallen asleep

## If you did not have your job, would you go to bed:

☐ earlier than you do. ☐ the same as you do.  
☐ later than you do.

## If you did not have your job, would you wake up:

☐ earlier than you do. ☐ the same as you do.  
☐ later than you do.

## 60. During the last week, did you engage in organized sports or a regularly scheduled physical activity? (If no, skip to number 61.)

☐ Yes ☐ No

What kind of sport? \_\_\_\_\_

## How many days did you practice at the following times?

in the morning before school ..... 0 1 2 3 4 5

in the afternoon after school ..... 0 1 2 3 4 5

in the evening on days that you have school .. 0 1 2 3 4 5

on the weekend ..... 0 1 2

How many hours did you practice this week?

during the school week: \_\_\_\_\_ hours

during the weekend: \_\_\_\_\_ hours

## During the last two weeks, have you struggled to stay awake (fought sleep) or fallen asleep during practice?

☐ no ☐ struggled to stay awake  
☐ fallen asleep ☐ both struggled to stay awake and fallen asleep

## If you did not have your sports activity, would you go to bed:

☐ earlier than you do. ☐ the same as you do.  
☐ later than you do.

## If you did not have your sports activity, would you wake up:

☐ earlier than you do. ☐ the same as you do.  
☐ later than you do.

## 61. During the last week, did you participate in organized extracurricular activities? (For example, committees, clubs, volunteer work, musical groups, church groups, etc.)

(If no, skip to number 62.)

☐ Yes ☐ No

What kind of activity? \_\_\_\_\_

## How many days did you participate at the following times?

in the morning before school ..... 0 1 2 3 4 5

in the afternoon after school ..... 0 1 2 3 4 5

in the evening on days that you have school .. 0 1 2 3 4 5

on the weekend ..... 0 1 2

How many hours did you participate this week?

during the school week: \_\_\_\_\_ hours

during the weekend: \_\_\_\_\_ hours

## During the last two weeks, have you struggled to stay awake (fought sleep) or fallen asleep during this participation?

☐ no ☐ struggled to stay awake  
☐ fallen asleep ☐ both struggled to stay awake and fallen asleep

## If you did not have your organized activity, would you go to bed:

☐ earlier than you do. ☐ the same as you do.  
☐ later than you do.

## If you did not have your organized activity, would you wake up:

☐ earlier than you do. ☐ the same as you do.  
☐ later than you do.

## 62. During the last week, did you study/do homework?

☐ Yes ☐ No (If no, skip to number 63.)

## How many days did you study at the following times?

in the morning before school ..... 0 1 2 3 4 5

in the afternoon after school ..... 0 1 2 3 4 5

in the evening on days that you have school .. 0 1 2 3 4 5

on the weekend ..... 0 1 2

How many hours did you study this week?

during the school week: \_\_\_\_\_ hours

during the weekend: \_\_\_\_\_ hours

## During the last two weeks, have you struggled to stay awake (fought sleep) or fallen asleep during studying?

☐ no ☐ struggled to stay awake  
☐ fallen asleep ☐ both struggled to stay awake and fallen asleep

## If you did not have your homework, would you go to bed:

☐ earlier than you do. ☐ the same as you do.  
☐ later than you do.

## If you did not have your homework, would you wake up:

☐ earlier than you do. ☐ the same as you do.  
☐ later than you do.

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8	8	8	8
9	9	9	9



63. Below are some ways that people get hurt or injured. If you answer Yes in the first column to any item, please fill in an answer to each of the follow-up questions. IN THE PAST 6 MONTHS:

	Were you injured this way?		IF YES, then: Were you treated by a doctor or nurse for the injury?		Did this injury limit your physical activity?		Had you been drinking alcohol or using drugs at the time of the injury?		Where did the injury occur? H = home W = work S = school O = other	
	Yes	No	Yes	No	Yes	No	Yes	No		
A. By being in a physical fight with someone?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
B. By getting cut?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
C. By a gun, BB gun, or pellet gun?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
D. By being hit by something, like a rock or glass?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
E. By nearly drowning?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
F. By falling?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
G. By being burned by fire, chemicals, electricity, or hot liquids?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
H. By an animal bite or serious insect bite?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
I. While driving a car, truck, or bus?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
J. While riding in a car, truck, or bus?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
K. While riding a bicycle, skateboard, rollerblades, or rollerskates?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
L. While riding a moped, motorcycle, all-terrain vehicle (ATV), or snowmobile?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
M. During a team sport, athletic activity, or exercise?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
N. By being hit by a moving vehicle while walking?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
O. By drinking or eating a dangerous substance?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
P. By being physically attacked?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	
Q. Injured in some other way?	<input type="radio"/> Y <input type="radio"/> N		If Yes: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> H <input type="radio"/> W <input type="radio"/> S <input type="radio"/> O	

If yes to Q, please describe how you were injured: \_\_\_\_\_

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	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9



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